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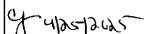
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COVER LETTER

Division of Corporations
SUBJECT: Prooklyn Shire Home Sewices LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Speigntt Nature of Person
Brooklyn Shire Home Services
3483 King Park Cir
Decater GA 30034 City/State and Zip Code
E-mail address: (to be used for fature angular report notification)
For further information concerning this matter, please call:
Lisa Spright at (721) 295-7536 Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & B60.00 Filing Fee.} \\ \text{Certificate of Status} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certifi

♦ (1) (8) (8)

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brooklyn Shire	Hor	ne Sew	ices LLC	7 7110:00
(Name of the Limited Liab (A Flor	ility Company ida Limited Lia	as it now appears of bility Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company w 3 <u>5</u> 81	ere filed on	1/24/25	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li Brooklyn Shire Prop The new name must be distinguishable and contain the words "I				
The new name must be distinguishable and contain the words "L	imited Liability	Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS _I	TT-114T		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	· - · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:				
		Enter Florida	i street address	
		ZD.	, Florida	71. (1. 1.
		Cuy		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If aftending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
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			□Remove
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			□Remove
			☐Change

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Note: If t	date, if other than the date of filing:
he record spord is fited.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	3/8/25 Signature of a member or altitorized representative of a member Lisa W. Speights Typed or platted name of signee

. . .

Filing Fee: \$25.00